



## Application for Westmoreland School Counselors Association

Name \_\_\_\_\_ Date \_\_\_\_\_

\* Email Address: \_\_\_\_\_

### **Type of Membership / Dues**

***\*Dues must be paid by the first meeting***

*\*If you are replacing an associate member, your name must first be submitted for nomination at our first meeting. Membership cannot be shared.*

*\*Make Check payable to WSCA*

- \_\_\_\_\_ **Professional Member** (\$25)  
\_\_\_\_\_ **Associate Member** (\$25)  
\_\_\_\_\_ **Retired Member** (lifetime membership; one time fee \$25)  
\_\_\_\_\_ **Student Member** (\$10)

District _____	School _____
Position _____	School Address _____
School Phone Number _____	_____
Home Phone Number _____	Home Address _____
Email Address _____	_____
Are you replacing someone? _____	If so, who? _____

***Application and dues should be sent to West Point Elementary School, c/o Melissa Ciesielski, 533 St. Andrew's Drive, Greensburg, PA 15601 by October 18, 2011 - you may also register at first meeting - bring application and dues!***